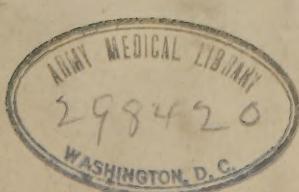


INDEXED Net.

Annex

HISTORY OF BASE HOSP. NO.136

Hospitals



INDEXED
JUL 5 1929

14230755R



NLM 05100540 0

NATIONAL LIBRARY OF MEDICINE

SURGEON GENERAL'S OFFICE
LIBRARY

Section _____

Form 113c No. 298420
W.D., S.G.O.

U. S. GOVERNMENT PRINTING OFFICE: 1928





UH

470

g A 2 B

136

1919

HISTORY OF BASE HOSPITAL 136

(From September 10, 1918 to May 1, 1919.)

By Lieut. Col. Howard Fox, Medical Corps.

TABLE OF CONTENTS

PART I

GENERAL HISTORY

Organization of the Unit.
Getting Overseas.
Personnel and Assignments.
General Policy of Administration.
Relations with the French.
Distinguished Visitors.
General Comment.
School.
Athletics and Recreation.
Mess.
Illustrations.

PART II.

TECHNICAL HISTORY

Medical Service.
Surgical Service.
Laboratory Service.
Ear, Nose and Throat Department.
Eye Department.
Genito-Urinary Department.
X-Ray Department.
Dental Department.
Sanitary Department.
Illustrations.
Appendix:- (Charts)

21210

PART I ---GENERAL HISTORY

ORGANIZATION OF THE UNIT.

Base Hospital 136, had its origin on September 10, 1918, at Camp Greenleaf, Ga., when two Medical Officers, Captain Francis L. Migley, M. C. Commanding, and Captain John S. Sprague, M. C., and one hundred (100) enlisted men were ordered to proceed to Camp Wheeler, Ga., for the purpose of organizing and equipping for overseas duty. Camp Wheeler was reached on September 12, and the task of organizing was begun. As the first draft had been exhausted, and the recruits from the second draft were not yet available, it was not until after a delay of five weeks that it was possible to secure the additional men to complete the enlisted personnel. During this period the original one hundred men, mostly raw recruits, were given daily drills, lectures on first aid and instruction in gas defense. Forty men were also sent to the Camp Hospital for a course of instruction. While the unit was at Camp Wheeler, four officers reported for duty, including 1st Lieut. Louis R. Hamill, 2nd Lieut. George H. Lilliestrom, 2nd Lieut. Hugh S. McKeown, all of the Sanitary Corps, and 2nd Lieut. Raymond S. Gyger, of the Quartermaster Corps.

On October 14th one hundred Class "B" men were assigned to the unit and on October 16th orders were received to proceed to Camp Merritt, New Jersey. On that day ^{the} epidemic of influenza appeared in the unit and within two days about forty-two men had been sent as patients to the Camp Hospital. The majority of these were men who had been previously sent there for instruction. Between midnight of October 17th and seven o'clock of the following morning forty-two men were transferred out of the organization and forty-two others were transferred in to take their places. On October 18th the unit left Camp Wheeler for Camp Merritt, arriving there on October 20th. During the journey influenza again appeared and by the time Camp Merritt was reached, thirty cases had developed and were sent at once to the Camp Hospital. As the greater part of the officer personnel had failed to report at the end of five days the unit was ordered to Camp Upton, where it arrived on October 25th.

While at Camp Upton fifty-two enlisted men from the Base Hospital were assigned to duty with Base Hospital 136, and when orders arrived on November 14th to proceed to Hoboken the total of twenty-six officers had reported for duty. On November 9th Lieut. Col. Howard Fox, M. C., who was then stationed at the Base Hospital at Camp Upton was assigned to duty as Commanding Officer.

GETTING OVERSEAS

The unit left Camp Upton with one hundred and ninety-six (196) enlisted men on the morning of November 15th and embarked from New York City on the afternoon of November 15th on the French liner "La France" known as transport N.Y. 468. There were none but sanitary troops aboard, among the eleven hundred (1100) military passengers. As the Commanding Officer of Base Hospital 136, was the senior officer he had the distinction of being

Commanding Officer of all troops on board.

had been signed

Although the armistice/the ship was convoyed by destroyers at the beginning and end of the journey, which proved uneventful as well as enjoyable.

There was a remarkable absence of illness, only seven cases being admitted to the sick bay, four minor ailments. There were several distinguished passengers on board including the French Ambassador to Japan, the President of the Polish Committee and Congressman Fuller of Massachusetts.

We arrived at Brest on November 22, 1918, and marched without delay to the rest camp near Pontanezen Barracks. In spite of the unaccustomed raw climate and continual rain, a most excellent spirit of cheerfulness and co-operation was manifested by all of the officers and men of the command. No one had to be left behind on account of illness. We remained at Brest for one week and were then ordered to Vannes in the Department of Morbihan where we arrived on December 1, 1918.



Lieut. Col. Howard Fox, Medical Corps,
Commanding Officer.

PERSONNEL AND ASSIGNMENTS

The original roster of officers of Base Hospital 136, and their assignments to duty is as follows:

Lieut. Colonel Howard Fox, M. C. Commanding Officer.

Administrative:

Captain Francis L. Quigley, M. C.	Adjutant
1st Lieut. Louis R. Hamill, San Corps	Mess Officer
2nd Lt. George H. Lilliestrom, San Corps	Registrar
2nd Lt. Hugh S. McKeown, San Corps	Medical Supply Officer
2nd Lt. Raymond S. Cyger, QMC.	Quartermaster

Surgical Service:

Captain Francis R. Haussling, M. C.	Chief of Surgical Service
Captain George R. Critchlow, M. C.	Ward Surgeon Surgical Service and Sanitary Inspector
Captain Harry Jackson, M. C.	Ward Surgeon Surgical Service and Assistant to Mess Officer
Captain George A. Kilpatrick, M. C.	Ward Surgeon Surgical Service and Detachment Commander
Captain James D. Schmied, M. C.	Ward Surgeon Surgical Service, Summary Court and Surveying Officer
Captain Lindsay Peters, M. C.	Ward Surgeon Surgical Service and Surgeon to the Detachment
Captain George B. Moreland, M. C.	Ward Surgeon Surgical Service and Assistant Registrar
1st Lt. Sidney H. Streett, M. C.	Ward Surgeon Surgical Service and Fire Marshall
1st Lt. Walter L. Jackson, M. C.	Ward Surgeon Surgical Service and Censor
Captain Carl Boardman, M. C.	Ophthalmologist
Captain George W. Bishop, M. C.	Brain Surgeon
Captain John C. Copeland, M. C.	Genito-Urinary Surgeon
1st Lt. Lemuel B. Short, M. C.	Laryngologist
1st Lt. Theodore Kolvoord, M. C.	Roentgenologist

Medieval Services:

Captain Mark Millikin, M. C.	Chief of Medical Service
Captain John S. Sprague, M. C.	Ward Surgeon Medical Service
1st Lt. Martin H. Stein, M. C.	Ward Surgeon Medical Service
1st Lt. Harry D. Williams, M. C.	Ward Surgeon Medical Service

Laboratory:

1st Lt. Fred C. Caldwell, M. C.
2nd Lt. Merle S. Nichols, San Corps

Chief of Laboratory
Assistant to Chief of Laboratory and
Assistant to Medical Supply Officer



Upper row--Lts. Williams, Benedict, Kolvoord, Gyger, Lomas, Caldwell, Nichols, Hamill, Jackson, Stein, McKeown. Middle row--Lt. Black, Capt. Copeland, Lt. Short, Streett, Capt. Jackson, Boardman. Lts. Simmons, Fortin, Amick. Lower row--Capts. Sprague, Quigley, Sallander, Lt. Col. Fox, Capt. Peters, Critchlow, Schmied and Haussling.

Some of the officers have continued to hold up to the present, the positions assigned on our arrival at Vannes. These include Captain Haussling, Chief of Surgical Service, Captain Critchlow, Sanitary Inspector, 1st Lt. Hamill, Mess Officer, 2nd Lt. Lilliestrom, Registrar, 2nd Lt. McKeown, Medical Supply Officer, and 2nd Lt. Gyger, Quartermaster. Captain Quigley was relieved from duty as Adjutant on February 10, 1919 and appointed Chief of Medical Service vice Captain Millikin relieved. Lieut. McKeown was then appointed Adjutant and retained this position until April 22, 1919 when he was relieved by 1st Lt. Carr who is at present Adjutant.

On December 17, 1918, thirty females nurses in charge of Virginia P. McFarland, acting chief nurse, reported for duty. On December 26, 1918, Lieut. Harry J. Fortin, M. C. and Lieut. John J. Ogden, D. C. reported for duty as Orthopedic and Dental Surgeon respectively and on January 6, 1919, Lieut. Walfred Lindstrom was assigned as Chaplain.

On January 18, 1919, Base Hospital 236, stationed at Carnac and Quiberon, forming a part of the Hospital Center at Vannes, ceased to exist and became part of Base Hospital 136. Eighteen officers and one hundred and sixty-nine men and eight nurses were then transferred. The history of Base Hospital 236 has previously been written. The officers transferred were as follows:

Butler, William E.	Lieut. Colonel, M.C.
Brown, N. Worth	Captain, M.C.
Sallander, Frederick W.	Captain, M.C.
Alexander, Robert J.	1st Lieut. M.C.
Allen, Wiles H.	1st Lieut. M.C.
Amick, Charles L.	1st Lieut. M.C.
Byler, Charles E.	1st Lieut. M.C.
Carr, James C.	1st Lieut. M.C.
Lomas, James A.	1st Lieut. M. C.
Stevens, Jamie D.	1st Lieut. M.C.
Benedict, Benjamin	1st Lieut. D.C.
Simmons, Joseph E.	1st Lieut. San Corps,
Beene, Jonas E.	1st Lieut. QMC.
Black, Benjamin F.	1st Lieut. Chaplain,
Willson, Jack S.	2nd Lieut. San Corps,
Williams, Forrest B.	2nd Lieut. QMC.
Coughlin, William A.	2nd Lieut. QMC.
Plummer, Charles E.	2nd Lieut. MPC.

From January 18th to February 15th, 1919, the hospital at Carnac was operated as an annex to Base Hospital 136 at Vannes, and was utilized especially for convalescent patients. Of the former personnel of Base Hospital 236, Lieut. Colonel Butler was soon returned to the United States. Captain Brown remained in charge of the Carnac annex. Captain Sallander later served as Ophthalmologist, Lieut. Alexander as Genito-Urinary Surgeon, Lieut. Carr as Adjutant, Lieut. Black as Chaplain, Lieut. Simmons as Assistant Athletic Officer. Lieuts. Beene and Coughlin were transferred to the Hospital Center at Vannes, Lieuts. Byler and Williams were left at Carnac in charge of property.

Two officers and three enlisted men received orders to report for university courses, including Captain Millikin and Lieut. Willson. The former having recently been returned to the United States.

On January 28th, 1919, Major Albert Butler, M. C. reported for duty but only remained for one month with the unit. With the exception of Major Butler and the Commanding Officers of Base Hospital 236 and Base Hospital 136, there have never been any field officers assigned to duty with our organization.

The Dental Service was taken charge of by Lieut. Benedict after the departure of Lieut. Ogden. On March 29, 1919, Captain Holland Gile, D.C. reported for duty and became Chief of the Service, Lieut. Benedict acting as assistant. Another Dental Officer Lieut. Maxson was also on duty with this unit for a period of twelve days beginning March 24, 1919.

The following named officers were later relieved from duty with this organization on the following dates:- Captain Bishop, January 21, 1919, Lieuts. Plummer, Beane, and Coughlin February 5, 1919, Lieut. Col. Butler and Lieut. Ogden, February 12, 1919, Chaplain Lindstrom, February 15, 1919, Captain Brown, February 19, 1919, Major Butler, February 20, 1919, Lieut. Stevens, February 24, 1919, Captain Kilpatrick, February 26, 1919, Captain Moreland, March 8, 1919, Captain Copeland, March 17, 1919, Captains Peters and Boardman, March 26, 1919, Captain Jackson, April 18, 1919, Captain Millikin, April 30, 1919.



NURSES OF BASE HOSPITAL 136.

GENERAL POLICY OF ADMINISTRATION.

It has been our constant aim to maintain efficiency and discipline with the least amount of friction in the organization. With this end in view the men in charge of various departments have been given the fullest amount of independence in their internal administration. We have tried to impress upon the personnel as well as patients that a strict military bearing was as desirable in a Base Hospital as in a line organization. A course of lectures on military subjects was given by the Commanding Officer and lectures on first aid, etc., were also given the enlisted men. In addition to frequent platoon drill (Sanitary Formation) we had the opportunity of having battalion review and parade when three other units were stationed here temporarily. The Commanding Officer of Base Hospital 136, acted as Battalion Commander, the reviewing officer being Colonel Robert M. Blanchard, M. C. the Commanding Officer of the Hospital Center.

ESPRIT

Every effort has been made to improve the general spirit and interest in the unit. A special insignia for private use has been adopted by the officers for baggage, stationery, etc., (see illustration-frontespiece).

After the regular Hospital work began to slacken, special attention was given to all kinds of athletics and recreation. Both the Detachment Commander, 2nd Lieut. Merle S. Nichols, and the Athletic Officer, 1st Lieut. Fred C. Caldwell, M. C. and 1st Lieut. Joseph E. Simmons, have been untiring in their efforts to look after the interests of the enlisted men. Needless to say the interests of the nurses have not been forgotten, either by the officers of this unit or the line officers from neighboring camps.

RELATIONS WITH THE FRENCH.

There has been an astonishing lack of friction between the American and French soldiers stationed in or near Vannes. The soldiers of both nations have not fraternized, it is true, but on the other hand with one or two exceptions there have been no disturbances whatever between our own soldiers and those of our ally. An unusual display of hospitality has been shown our officers by the best families of this interesting and picturesque little city. This has given the officers who cared to learn French an opportunity to do so and form opinions as to the customs and opinions of educated and cultured French people.

DISTINGUISHED VISITORS:

On February 25, 1919, we were greatly honored by a visit from the Commander-in-chief. The entire organization, together with many casual nurses who were here, stood in formation upon his arrival. Accompanying him on his inspection of the hospital, was General Dubois, the French Commander of the local regional artillery. General Pershing inspected the greater part of the hospital, talking with many of the patients, and remaining with us for about two hours.

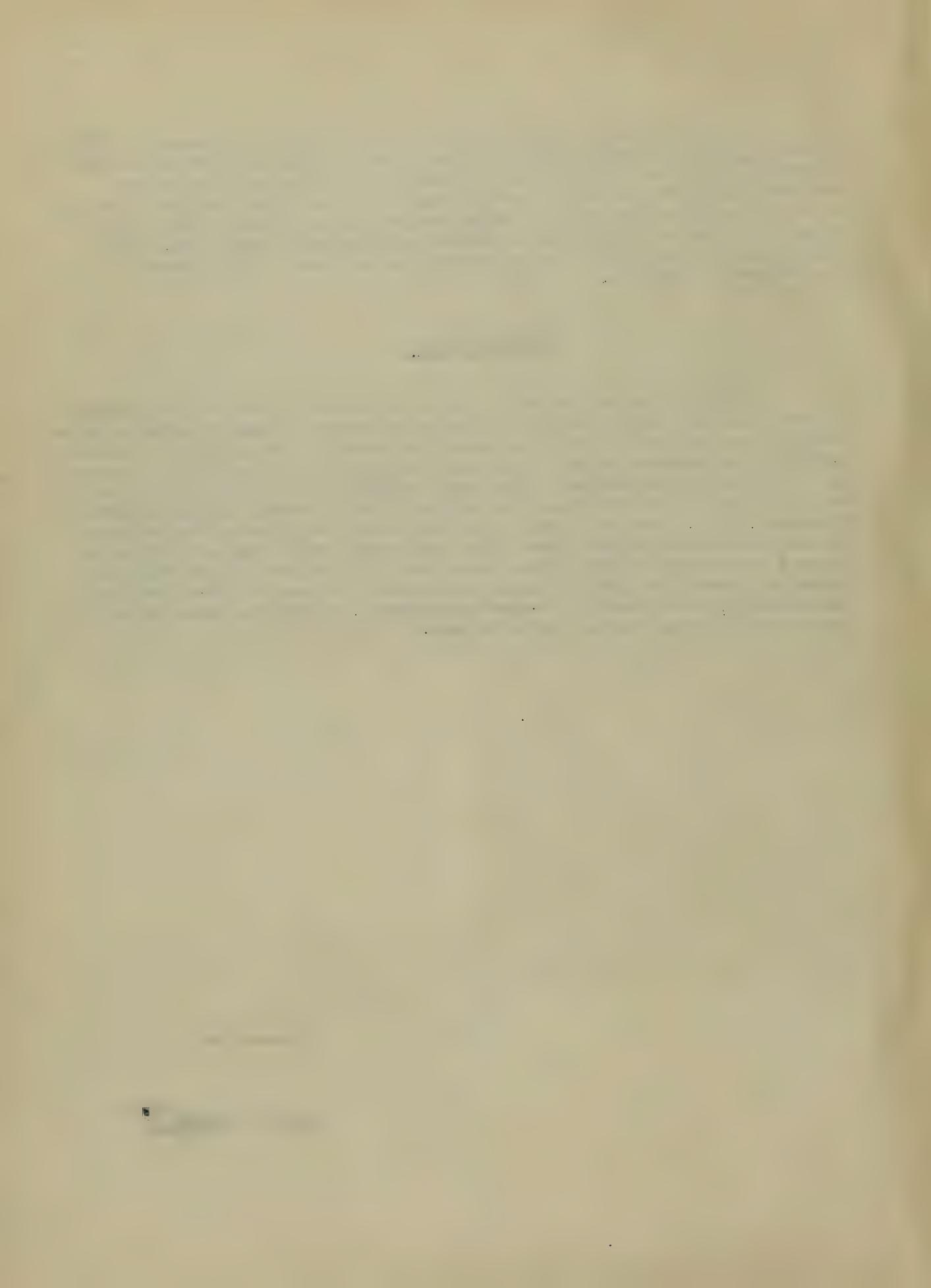
A thorough inspection of the hospital was made on February 5, 1919, by Lieut. Colonel Robert C. McDonald, M. C., and another inspection was subsequently made by Lieut. Colonel James C. Magee, M. C. Other official visits were made by Lieut. Colonel Burton J. Lee, M. C., and Major Charles G. Mixter, M. C., as Surgical Consultants, Major Jacques, M. C., as X-Ray Consultant, Major H. T. Orr and Captain L. C. Abbott as Orthopedic Consultants. Among the French visitors to the hospital should be mentioned M. Guillemaut, the *Préfet* of Morbihan.

GENERAL COMMENT.

Previous to the arrival of the first convoy of patients on December 17, 1918, we were busily engaged in trying to render a French Caserne as suitable as possible for hospital purposes. An account of our efforts to accomplish this is given in some detail in the subsequent parts of this history, especially in the report of the Sanitary Inspector. Needless to say we have profited by the kindly advice of the Commanding Officer of this Center, Colonel Robert M. Blanchard, M. C., who has always been ready to aid us in every way and give us the benefit of his experience. The high water mark of our activities was reached on February 6, 1919, when there were 1214 patients in the Hospital proper at Vannes, or 1558 including the annex at Carnac. At that time Base Hospital 136, had a total of forty-four officers, ninety-two nurses and a Detachment of three hundred and eight men.



Inspection
by
General Pershing



SCHOOL

(In charge of Capt. George A. Kilpatrick, M.C. from January 20, 1919
 (to February 26, 1919.
 (In charge of 1st Lieut. Benjamin F. Black, Chaplain, from March 8,
 (1919 to May 1, 1919.

Efforts have been made to give instruction to members of the Detachment whose previous education had been more or less neglected. On January 20, 1919, Captain George A. Kilpatrick, M.C. was appointed School Officer. With the assistance of Corporal John R. Hall, who had previously been a school teacher, a school for the instruction in the common branches of English was established. Records of this work are unfortunately not available as both the officer and his assistant were relieved from duty with the Unit before this history was begun.

On April 9, 1919, an educational survey of the Detachment was made by Chaplain Benjamin F. Black, who has since conducted a school with the assistance of Sgt Henry G. Town. The survey of men showed the following result:

12	men	have	had	only	three	years	of	common	school
4	"	"	"	"	two	"	"	"	"
2	"	"	"	"	one	"	"	"	"
1	"	"	"	"	one	half	"	"	"
7	"	"	"	"	none		"	"	"

Total 26

Twenty of these men voluntarily signed for class work. A large room was equipped for school purposes with tables, benches and black boards obtained from Camp Neucon. The course of instruction includes, writing, arithmetic, spelling, English, geography and history. It is also the intention of the School Officer in the near future to have some personally conducted visits to the Druid Stones at Carnac and the Archeological Museums at Vannes and Carnac.



SCHOOL

ATHLETICS AND RECREATION

In charge of 1st Lieut. Fred C. Caldwell, M.C., Athletic Officer and 1st Lieut. Joseph E. Simmons, Sanitary Corps, Assistant.

1st Lieut. Fred C. Caldwell, M.C. reports as follows:

"The Athletic Officer for Base Hospital 136 was appointed December 17, 1918, but participation in athletic events was not possible at that time because of the inclemency of the weather, lack of space indoors and lack of equipment. Another factor of importance was that the daylight hours of the men were completely occupied in preparation of the barracks for hospital purposes. To give the men recreation and to allow them to see a little of the surrounding country, trips were planned to nearby points of interest. On January 12, 1919, forty men visited the "Calvaire" at Pontchateau. Two weeks later, forty other men visited the same place. On February 9th, forty men were taken to Carnac to view the Druid Menhirs, Dolmens and tumuli. After an excellent lunch at the Hospital in the Grand Hotel, the men spent an hour on the beach before the return trip, which was made through LaTrinité and Locmariaquer. On April 20th, about seventy men were taken in trucks to the ruins of the Chateau Suscinio.

On pleasant afternoons, hikes have been taken to places nearer the Hospital. The first one had as an objective the town of Séné on the Gulf of Morbihan. The second took the men to the Isle de Conleau, a picturesque summer resort about two and one half miles from Vannes. The third hike gave the men an opportunity to see the little village of St. Ave and three beautiful nearby chateaux.

On February 19th an impromptu basket ball team from the Hospital played against a team from the Motor Transport Corps of Camp Meuron. We lost by a score of four to two. Two weeks later we played the same organization and won by a score of 14 to 2, in the first half. The second half was forfeited by the M.T.C. Team. On March 12th, representatives of the various teams of Meuron formed a schedule of basket ball games. We were included in the schedule. Lieut. Simmons coached the basket ball team which had the following line-up:

Smalley, Charles O., Sgt.		Left forward
Murphy, Thomas H., Pvt		Left guard
Sutton, Jesse H. Pvt 1/c		Center
Ferry, Dwight W. Pvt		Right guard
Rawlins, James A. Pvt		Right forward
Chadwick, George A. Cpl		Substitute
Dowling, Charles J. Pvt 1/c		Substitute
Parks, Thomas F. Pvt		Substitute

The team finished the schedule without a single defeat. The scores were as follows:

Base Hospital	136...14	M.T.C....2
Base Hospital	136...19	G.M.C....15
Base Hospital	136...25	M.T.C....6
Base Hospital	136...14	18th L.D.13
Base Hospital	136...33	M.T.C....8
Base Hospital	136...17	G.M.C....10
Base Hospital	136....2	G.E.....0

At present the base ball season is opening. We have played four games with teams from Meuron, and have won two and lost two. The rivalry between the Officers' team and the enlisted men's team has been keen. In five games, the enlisted men have won three, and the officers two, but in one of these the officers had some enlisted assistance. We have also beaten a team of the Military Police.

We now have an athletic office on the second floor of "B" Building. Any one may go there and secure whatever he wishes in the way of athletic equipment, the only condition is that he sign a receipt on which he promises to return the material the same day. An athletic room has been fitted up on the third floor of "B" Building. Here men may go to wrestle, box, play with the medicine ball, pitch quoits, or exercise on the trapeze. Matches between men of the same weights will be arranged as soon as possible. The athletic room has become very popular between the hours of noon and nine p.m. During these hours an enlisted man is there on duty to look after the equipment.

One of our earliest and most difficult problems was to secure athletic equipment. We have finally collected a fairly good supply from various sources, including the Y.M.C.A., Red Cross, Casual Units and the Base Section Athletic Officer. Some idea of the interest in athletics may be gained from the following number of requests for athletic equipment; Baseballs 409, gloves 943, bats 148, footballs, 171, basketballs 23, volley balls 8.

We have outdoor volley ball and basket ball courts for the men, but that space is now to be used for a tennis court. Medicine balls and boxing gloves have been busy almost continuously. There have been numerous requests for miscellaneous material. Every effort has been made to push those forms of athletics which would interest the greatest number of men.

The staff has grown from one officer to two officers, one sergeant and two privates 1st class, and includes:

1st Lieut. Fred C. Caldwell, M.C., Athletic Officer.
 1st Lieut. Joseph E. Simmons, Sanitary Corps, Asst Athletic Officer.
 Sgt. Charles O. Smalley, N.C.O. in charge of athletics.
 Pvt 1/c Eugene M. Rook, Office.
 Pvt Elsie Hamm, Athletic Room.



BASKET BALL TEAM

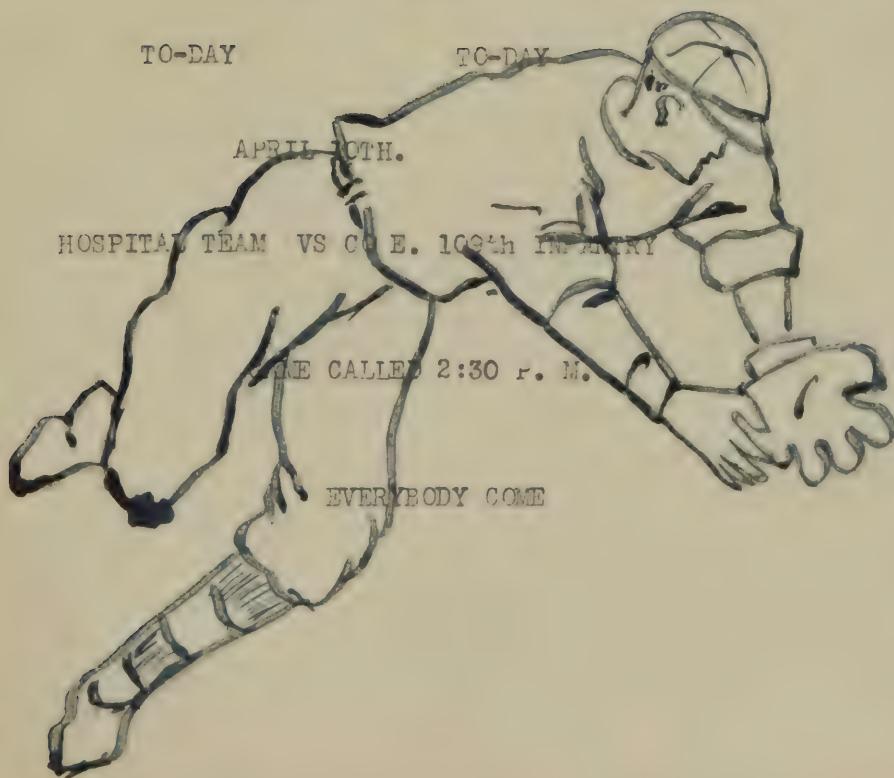


GYMNASIUM



THE NATIONAL GAME

BASE BALL



POSTER MADE BY ONE OF THE NURSES.

MESS

{ Hospital Mess in charge of 1st Lieut. Louis R. Hamill, San. Corps.
 { Officers' Mess in charge of Captain Harry Jackson, M.C.

HOSPITAL MESS:--In conducting a mess which was considered most satisfactory to both patients and members of the I detachment, various obstacles were encountered by the Mess Officer. When we first arrived it was impossible to buy food of any kind from the French, except carrots. These it may be added were not greatly relished by the men. Potatoes that were issued were French potatoes, small and mealy and not suitable for cooking in their jackets. A fair grade of French cabbage was later obtained in large quantities. Bread was brought from Camp Meucou, a distance of seven miles and during the rainy season of Brittany it was not easy to keep it dry in transit. No fresh milk was obtainable and at first only half of the candy allowance. There was, however, never any lack of smoking tobacco.

The French ranges that were in the kitchen on our arrival were not suitable for American methods of cooking, as they contained no ovens. They were all replaced as soon as possible by American ranges. Stables were utilized for mess halls where the cafeteria system was followed, the carpenters being kept very busy at first in building the necessary tables and benches.

Prices of many articles of food were raised upon the arrival of the Americans, but were promptly regulated by the Préfet. A mere mention of the word Préfet was frequently all that was necessary to cause some of the over ambitious food handlers to lower an excessive price to the one prescribed by regulations.

It was found most satisfactory to deal directly with the farmers, as the Brittany peasants were uniformly honest and obliging. Many of them said they had been told by their priests to treat the Americans with every consideration and aid them in every possible way.

A number of French and Belgian refugee women were employed in the kitchen as scullery maids, etc. Most of them spoke English, as a rule with a decided cockney accent. They never failed to have good appetites and appeared to greatly enjoy the American Army ration. Under rather trying conditions they behaved unusually well and seemed to be women of excellent character.

OFFICERS' MESS:--The general plan of management of the Officers' Mess was similar to that which had proved successful at the Base Hospital at Camp Upton and Camp Devens. The Officers' Mess and Quarters were managed ^{as} by a club, under the general supervision of a House Committee of three officers, appointed by the Commanding Officer. Meetings were called from time to time by the Chairman of the Committee for the free discussion of questions, such as the quality and cost of the mess, the employment of civilian help, the police and allotment of quarters, etc. The Committee acted only in an advisory capacity to the Mess Officer.



ONE OF THE KITCHENS.



RED CROSS RECREATION ROOM.

PART II -- TECHNICAL HISTORY.

MEDICAL SERVICE.

(Capt. Mark Millikin, MC. in charge from December 12, 1918 to March 6, 1919).
 (Capt. Francis L. Quigley, MC. in charge from March 7, 1919 to May 1, 1919).

The Medical Service began to operate on December 12, 1918, when several members of the Detachment entered the Hospital as patients. The service gradually expanded until two floors of building "A" were occupied with a capacity of three hundred and fifty (350) beds.

The cases treated were the usual ones which occur in a medical service with, however, a considerable preponderance of respiratory diseases. There were forty (40) cases of influenza, mostly from the neighboring camp of Neucon. Many of these were convalescent or very mild cases. There were ten (10) lobar and thirty-two (32) broncho-pneumonias with only two (2) deaths. It was estimated that about seventy-five (75) per cent of these were post-influenzal. There were eleven (11) positive cases of tuberculosis and fifteen (15) suspects.

The number of contagious diseases was fortunately small. No cases of small-pox or chicken-pox were seen. There were ten (10) cases of diphtheria successfully treated with antitoxin, twelve (12) cases of scarlet-fever, one of which developed Otitis-media, and four (4) cases of measles. There were forty-three (43) cases of mumps, and one (1) case of meningitis. The latter was treated with anti-meningeococcic serum and recovered, the first injection being thirty-six hours after admission. There were no cases of dysentery.

The possibility of an out-break of typhoid fever was feared when a case of this disease was recognized in the person of one of the nurses. Although she presented the clinical picture of typhoid it did not seem possible at the time that she could be suffering from this disease as she had received triple vaccine seven months previous. There was a delay in making a blood culture which proved to be negative, though an examination of the stool showed the presence of typhoid bacilli.

Every effort was then made to prevent the possible spread of the disease. Examinations of feces and urine of all cooks and kitchen police were made with negative results. Bacteriological and chemical examination of the water supply was negative. An attempt to obtain information from the local French authorities as to whether the disease was endemic in this locality proved very unsatisfactory. The patient was properly isolated and suitable instructions given enlisted men regarding the use of boiling hot water to wash dishes, washing of hands after defecation, etc. Fortunately no other case of typhoid developed subsequently in this command.

SURGICAL SERVICE

(In charge of Capt. Francis R. Haussling, MC.)
(Chief of Surgical Service.)

Capt. Francis R. Haussling, MC. reports as follows:

"Previous to our arrival at Vannes the general plan of distribution of executive offices, wards and operating room had been tentatively determined upon by the Hospital Center. These plans with minor changes were adopted by Base Hospital 136.

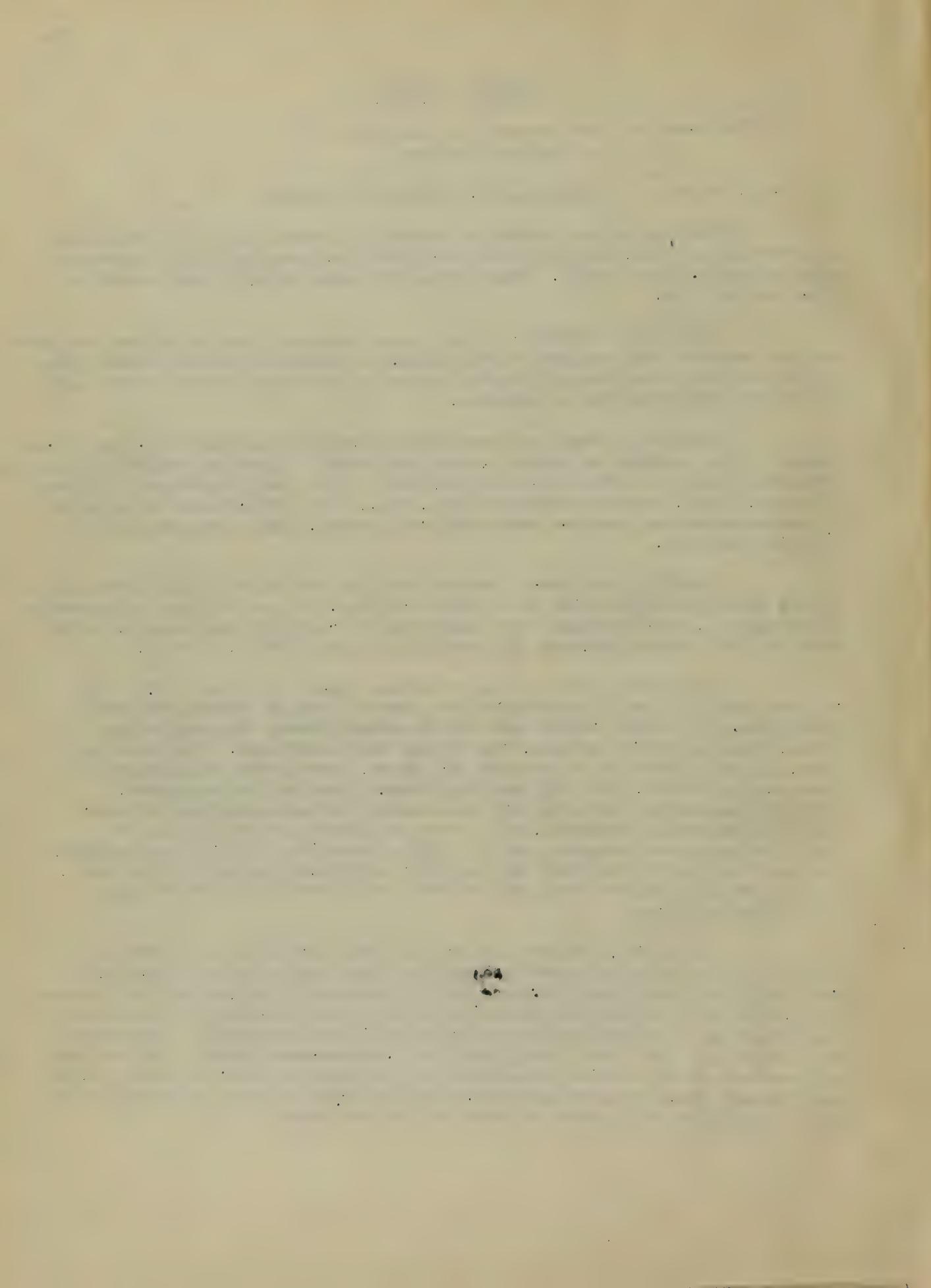
DIVISION OF SERVICE:- It now became necessary for the medical officers of Base Hospital 136, assigned to the surgical service to work out these plans in greater detail and to equip their respective departments for practical use in the care and treatment of patients.

WARDS:- All wards and rooms were thoroughly scrubbed and walls white-washed in the endeavor to destroy vermin and create a clean and cheerful appearance. Wards were equipped with metal beds (eighteen to the ward) mattresses, pillows, blankets, linen, bed-side tables, chairs, etc., which proved very satisfactory. It was necessary to heat the wards with coal stoves. Oil lamps were used for lighting purposes.

DRESSING STATION:- A central dressing station was established and placed under the supervision of a medical officer. It was his duty to supervise all dressings. Ward Surgeons were instructed to refer all ambulatory dressing cases to this station between the hours of 9:00 and 11:30 A.M. daily.

OPERATING GROUP:- Three connecting rooms, one large (21 x 21) and two small (11 x 21) situated on the ground floor of barrack designated as building "C" served fairly well for the establishment of an operating group, consisting of operating, sterilizing and scrub-rooms. The operating room, although heated by an ordinary oil stove, proved very satisfactory because of its size, with high ceiling, cement floor and large windows, giving ample light. For artificial illumination we were compelled to depend on oil lamps until February 5, 1919, when sufficient wire with which to equip the rooms was procured, and the lights installed. As the Base Hospital equipment had already arrived and requiring only uncrating and setting up, no delay was experienced from this source. Local conditions caused some difficulty and delay.

STERILIZING ROOM:- According to the specifications accompanying the sterilizing out-fit it was necessary to place the boiler on a level six feet below the sterilizer. Because of the absence of a cellar and the presence of water, a depth of four and one-half feet it became necessary to place the sterilizer on a wooden platform two and one-half feet in height. The boiler was placed in a four foot ditch, paved with cobblestones found in the compound and roofed over with a shed constructed of tar paper on a wooden frame. Pipes were brought from boiler room to sterilizer through a window. The reliability of the sterilizer was tested by means of live cultures.



SCRUB ROOM:- Hot water was obtained by attaching a pipe to the main line from the boiler to the sterilizer and then leading it into a galvanized tank. Steam was then passed through the water in the tank.

EQUIPMENT AND PERSONNEL:- The equipment of instruments was sufficient for all operative work we were called upon to perform. Gloves, gauze, cotton and suture material were present in ample quantities. A few indispensable articles were missing such as operating gowns. These were easily improvised by slitting night-gowns down the front, adding buttons and wearing them reversed. The operating teams consisted of operator, assistant (medical officer) instrument passer, (nurse) and anaesthetist (a medical officer or nurse). The same enlisted men who had constructed the platform, set up the boiler, hot water plant and sterilizer were converted into operating room orderlies, positions which they have since filled in the same enthusiastic and efficient manner.

TREATMENT OF PATIENTS:- On December 17, 1918, we received our first train-load of patients consisting of some three hundred and sixteen battle casualties. These were mostly ambulatory cases but many of them required dressings. A large majority consisted of extensive superficial granulating wounds and chronic osteomyelitis with its accompanying sinus. Many of these will require operations at some future date. Our policy has been to return the men to the U. S. A. as soon as their physical condition would warrant. No case that in our opinion could safely be evacuated has been operated upon and never without the patients consent. We have limited our operative work to the usual emergencies occurring from time to time in a large Detachment of men and to such cases as in our judgment would have their convalescence shortened by immediate operation; would not be delayed as to the date of evacuation and could reasonably be expected to arrive in the United States without requiring further dressing or operative intervention.

On February 6, 1919, we received our last train-load of battle casualties. These men were evacuated on March 3, 1919. Camp Hospital No. 31, located at Camp de Meucou, was ordered closed about this time. All medical and surgical cases occurring in this camp were then sent to us. Our surgical work since March 3rd has therefore been limited to the class of cases usually occurring in a military camp. At present time we are still functioning in this capacity.



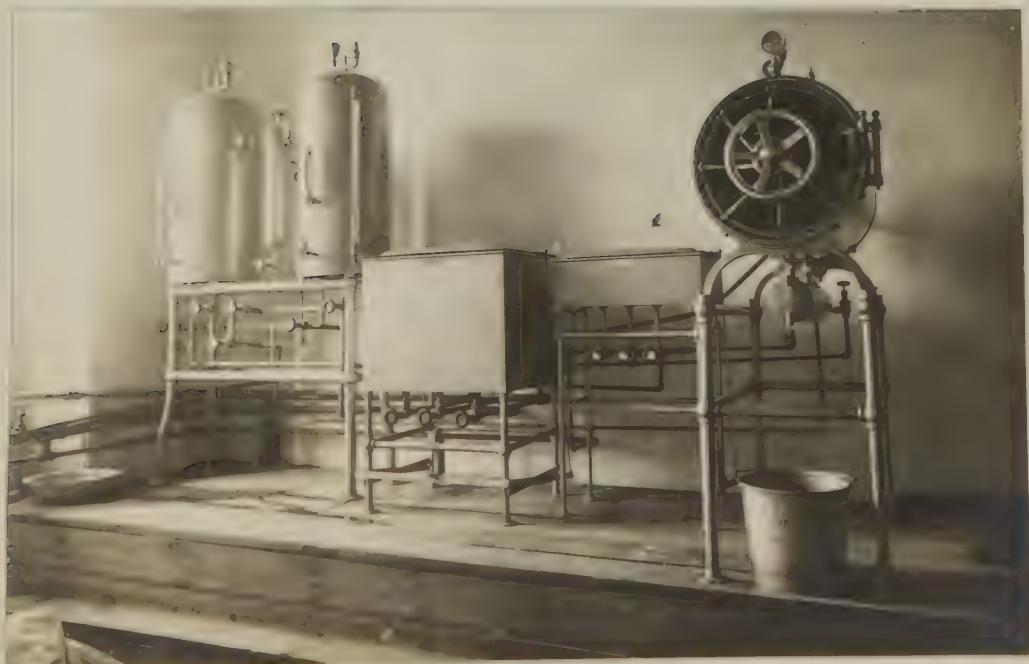
OPERATING ROOM.



OPERATING ROOM.



SCRUB ROOM



STERILIZING ROOM

LABORATORY.

(in charge of 1st Lieut. Fred C. Caldwell, M. C.)

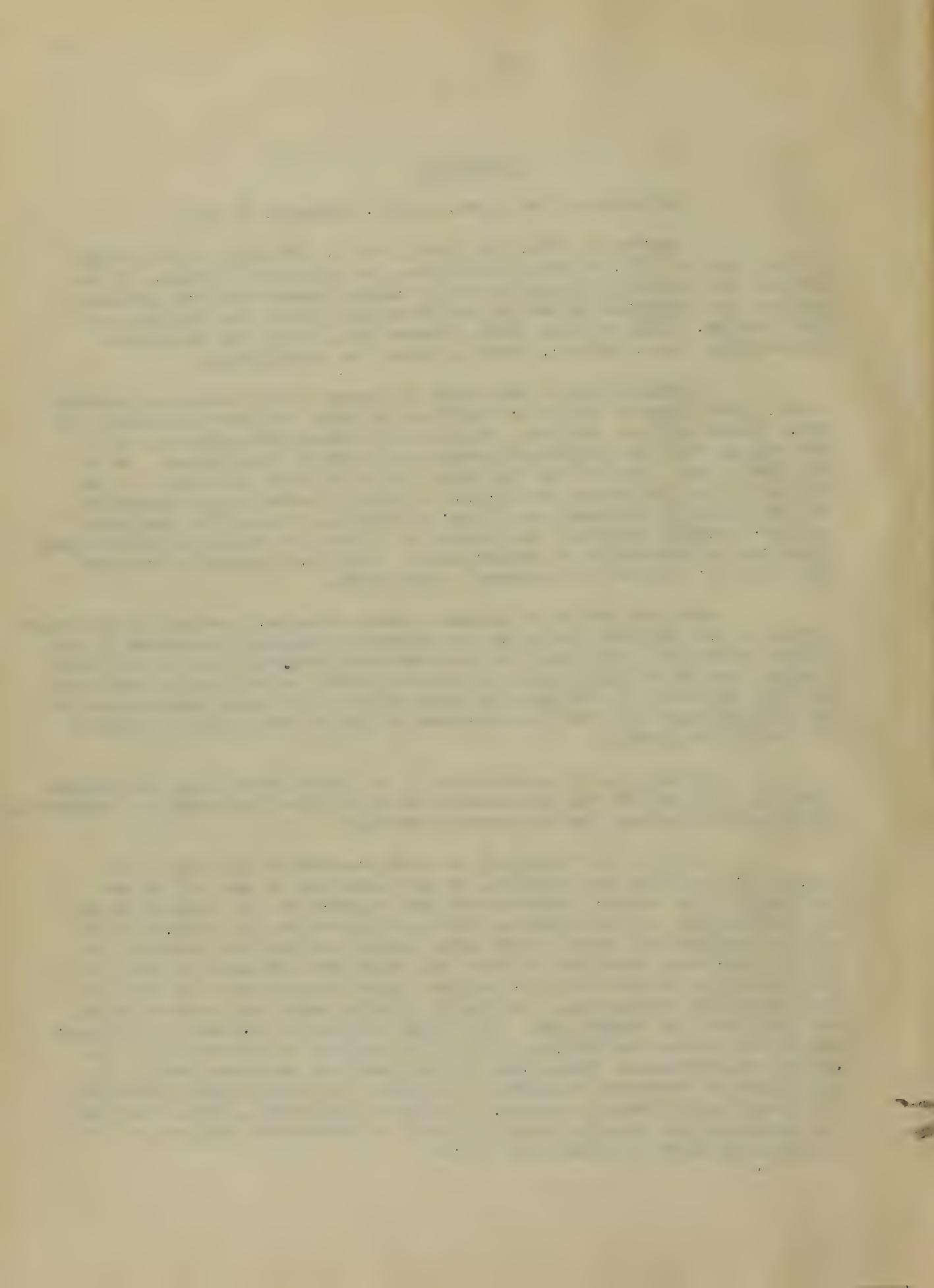
"On October 3, 1918, 1st Lieut. Fred C. Caldwell, M. C. reported to Base Hospital 136, at Camp Wheeler, Ga., as laboratory officer. On his arrival he assisted in giving the entire command pneumococcus and influenza vaccines and continued to work in the laboratory at the Base Hospital at Camp Wheeler. While at Camp Upton, October 25th, the second laboratory officer, 2nd Lieut. Merle S. Nichols, joined the organization.

In establishing a laboratory at Veness, three rooms were selected on the first floor of one of the buildings in which the operating rooms, the X-ray laboratory, and the Nose, Throat and Eye rooms were situated. This was done so that the maximum of co-operation could be established. Two of the rooms, one (20 x 20) and the other (20 x 10) were adjoining. It was decided to use the former for clinical pathology, bacteriology, reception and recording of specimens, and filing of records. The smaller room had a supply of running water and was planned as a place for washing and sterilizing glassware in preparation of culture media. After the plans were completed the order for supplies was returned, disapproved.

About the middle of December Captain Schmeisser arrived as laboratory officer of the Hospital Center and the laboratory personnel was merged in the Center Laboratory. The plans for the rooms were developed with but few minor changes from the original ones. In one small room, we had running water with no sink, but thanks to the generous bacon supply in the Army, we were able to obtain sufficient tin from the containers to line a sink, which was made by the hospital carpenter.

In the plan of organization of the Center Laboratory, the officers from Base Hospital 136 were responsible for all clinical pathology and bacteriology and Captain Schmeisser for all anatomic pathology.

Early in the history of our work, because of the delay in the arrival of the laboratory supplies, we were compelled to send all of our specimens to the nearest laboratory at Camp Hospital No. 31, Camp de Meuron, for examination. At this time the laboratory undertook the examination of all who handled food served to officers, nurses, soldiers and patients, for typhoid carriers. Specimens of feces and urine were collected in candy cans and brought to the laboratory, where endo plates were streaked and sent to Camp Meuron for examination. Samples of drinking water were also collected and sent there for examination. When the subsidiary laboratory at Miberon closed, we obtained sufficient supplies to enable us to perform all of the clinical examinations. Since then all such work has been done ~~here~~. The long expected laboratory supplies, in the form of a transportable laboratory, U.S. Army Expeditionary Force model, arrived on February 5, 1919. With very few exceptions the supplies were sufficient to perform any examinations which a laboratory might be called upon to do.



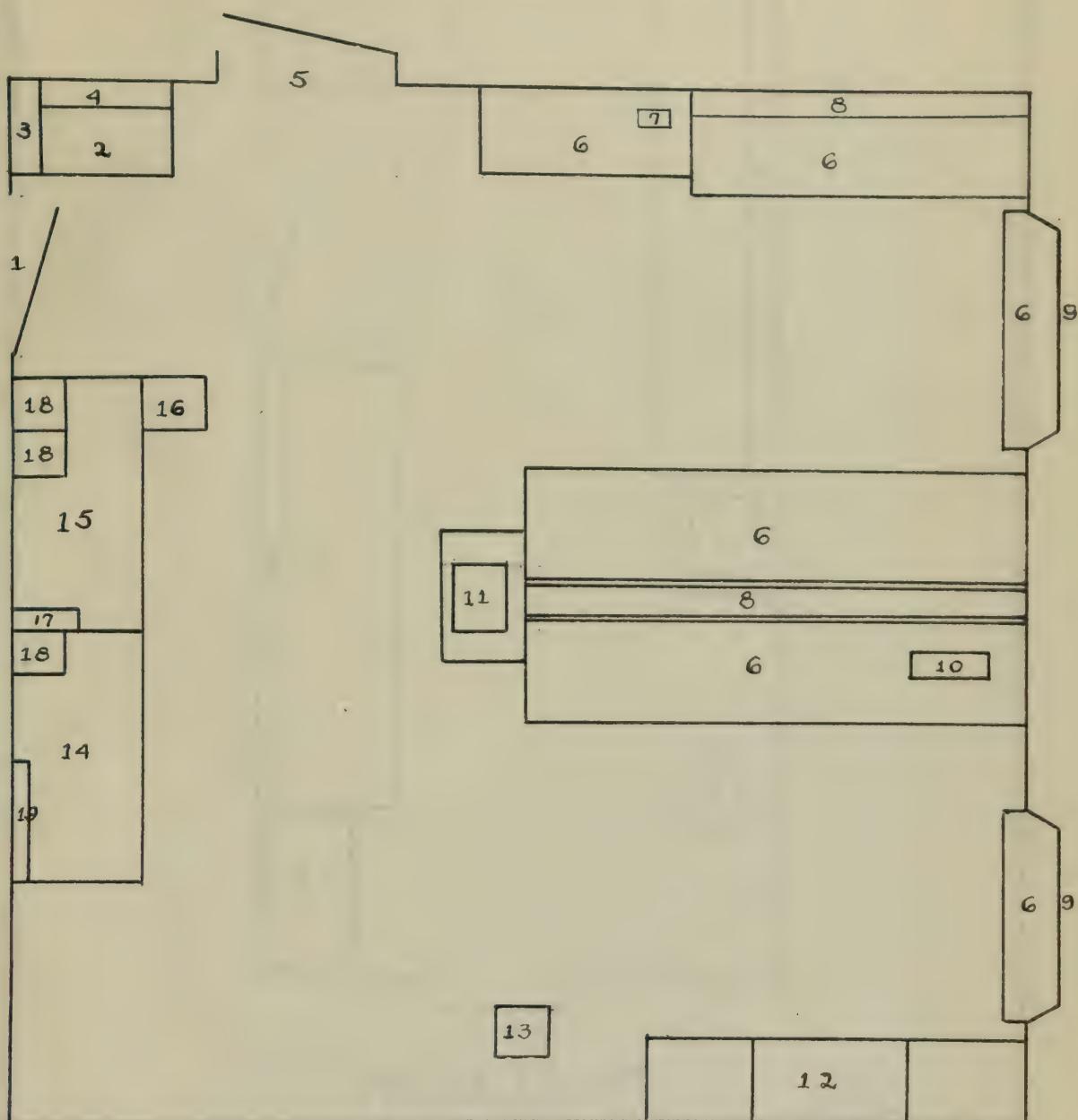
On April 13, 1919, Captain Schmeisser was relieved from duty at the Hospital Center, and Lieut. Caldwell was appointed laboratory officer in his place.

Demands on the laboratory were greater in variety than in number and this permitted the laboratory staff to devote some time to other activities.

Fortunately there were but six autopsies held at this hospital. The total number of specimens examined to date is approximately fifteen hundred. "We have had opportunities to study a few cases of mumps and measles for possible etiological organisms, but as yet our work has not been completed."

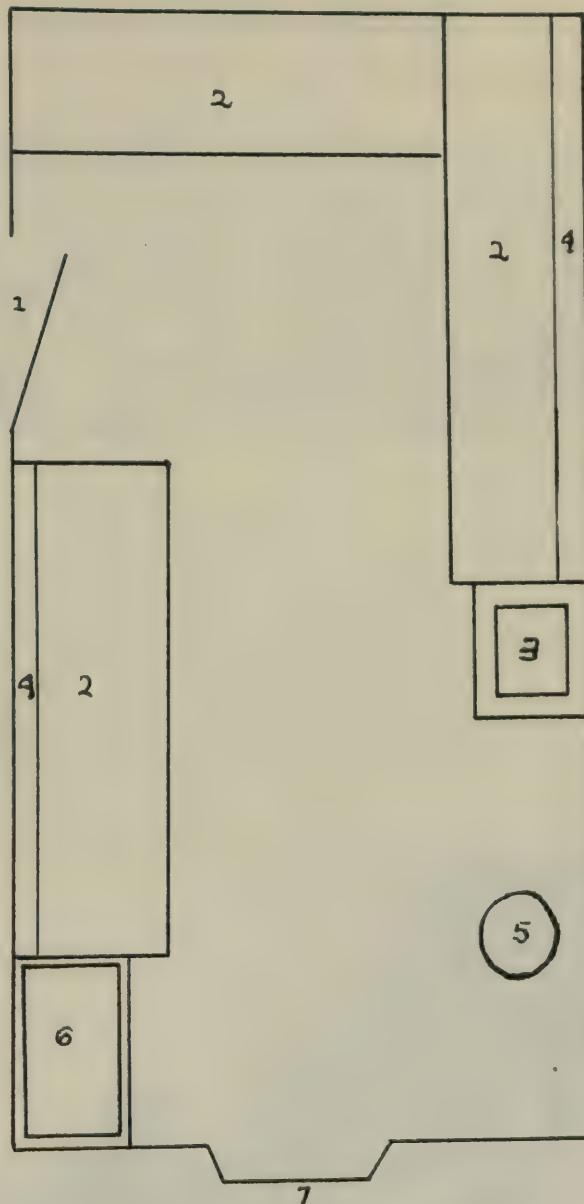


LABORATORY



ROOM FOR BACTERIOLOGY AND CLINICAL PATHOLOGY

- | | | |
|--------------------------|--------------------|-------------------|
| 1 Entrance to Laboratory | 7 Staining Sink | 14 Officer's Desk |
| 2 Record Table | 8 Reagent Shelves | 15 Record Clerk |
| 3 Work, Completed | 9 Windows | 16 Typewriter |
| 4 Work, Unfinished | 10 Water bath | 17 Files |
| 5 Entrance to Media Room | 11 Incubator | 18 Letter Trays |
| 6 Work Table | 12 Portable Chests | 19 Books |
| | 13 Stove | |



MEDIA ROOM

- 1 Entrance
- 2 Work Tables
- 3 Hot Air Oven
- 4 Shelves
- 5 Autoclave
- 6 Sink
- 7 Window

EAR, NOSE AND THROAT DEPARTMENT

(In charge of 1st Lieut. Lemuel B. Short, M.C.)

The Ear, Nose and Throat Department was opened on December 26, 1918, and has been operated as an out patient clinic since that date. From December 26, 1918, to May 1, 1919, a total of seventeen hundred (1700) treatments were given to or consultations held upon patients in the clinic or the hospital wards. About fifty percent of the cases treated were otitis media and post operative mastoiditis. About five percent were sinusitis cases and one percent gun-shot wounds. The remainder were cases of tonsilitis and rhinitis. Nine cases of Vincent's Angina have been treated in both hospital wards and out patient clinic. Electricity was installed on February 20th and has been available daily from four to ten, p.m.



EAR, NOSE AND THROAT DEPARTMENT.

EYE DEPARTMENT

{ In charge of Captain Carl Boardman, M.C., December 26, 1918
to March 25, 1919.
{ In charge of Captain Frederick W. Sallander, M.C., March
25, 1919 to May 1, 1919.

The Eye Department was opened on December 26, 1918, occupying one room large enough for refraction work and able to be converted into a dark room by the use of special shades. At the outset a number of eye cases were found among the battle casualties admitted to the hospital. They included cases of enucleation, which required post-operative treatment. The diseases of the adnexa included conjunctivitis (acute, chronic and phlyctenular) blepharitis, chalazion, hordeolum, and dacry-cystitis. Pterygia were found in a few cases, but none of them had encroached far enough upon the cornea to make it necessary for operative interference. Cases of this condition have thus far only been noted in our negro patients. Other diseases of the eye included interstitial and ulcerative keratitis, foreign bodies in the cornea, iritis, cyclitis, choroiditis, neuro-retinitis and optic nerve atrophy. Cases of refraction furnished the major part of the work in the department at the outset, glasses being obtained from the Optical Division, at Savenay and later from Paris. Although well equipped for all emergencies, it has not been necessary up to the present to perform any operations.

GENITO-URINARY DEPARTMENT

(in charge of Capt. John C. Copeland, M.C. December 26, 1918 to
(March 18, 1919.

(in charge of 1st Lieut. Robert J. Alexander, M.C. from March
(18, 1919 to May 1, 1919.

Captain John C. Copeland, M.C. reports as follows:

"Our cases represented about the usual ones found in the G-U service of a Military Hospital. They included balanitis, balano-posthitis, phimosis, paraphimosis, chancre, chancre, primary syphilis, secondary syphilis, tertiary syphilis, simple urethritis, urethritis, gonorrhreal, acute prostatitis, orchitis, epididymitis, cystitis, encrasis, urinary incontinence, urethral stricture, and multiple urethral fistulae.

Among the skin cases were scabies, eczema, impetigo, psoriasis, staphylococcal pyoderma, etc.

In the treatment of acute gonorrhreal urethritis a system of treatment consisting of absolute rest, restriction of diet, ingestion of large quantities of water, and intensive local treatment was followed by results worthy of note. As soon as a diagnosis was made by finding gonococci in the urethral smear, intensive local treatment was instituted. This consisted of the injection of six c.c. of a five percent solution of argyrol or silvol, four times a day during the first week. A careful three glass urinary test was made before each treatment. During the second week the same quantity of a one percent solution of protargol was injected three times a day. During the third and fourth week a daily irrigation of a 1 - 5000 protargol solution, and during this period prostatic massage was given every second or third day as indicated. Urethral smears were made at intervals of two weeks. Three consecutive urethral smears as well as two negative smears, following prostatic massage, were considered necessary before patient was pronounced "cured".

Under this system of treatment, no case developed complications and most of them were discharged in about thirty days as cured, having had two negative laboratory reports, a week apart. In cases of chronic gonorrhea daily irrigations of protargol 1 - 5000, prostatic massage, and urethral dilatation as indicated were used with satisfactory results.

Excellent results were obtained in the treatment of chancrea by the following method, viz:--Immersion in a hot bichloride of mercury solution 1 - 1000, followed by a thorough sprinkling of the affected area with crystals of argyrol or silvol. This treatment was given three times a day, after a preliminary cauterization with carbolic acid.

In all lesions of the penis, no diagnosis was made, and no treatment was given until one or more examinations of the secretion for spirochete had been made, or blood Wassermann done.

Prompt treatment was given in all cases of primary syphilis. Usually the same day that we received a laboratory report stating that spirochete had been found in the secretion, an intravenous injection of novarsenobenzol was given, followed next day by mercury salicylate intramuscularly.

Novarsenobenzol and mercury were given in gradually increasing doses every five days until the twentieth day, and from that day at intervals of every seven days up to the forty-second day when a thirty day period of rest was instituted. Wassermann tests were made at regular intervals. The results were entirely satisfactory, the initial lesion disappearing in a few days, and it was noted that usually no secondary symptoms appeared.

Special care was taken to see that every venereal patient coming to our service for treatment, was thoroughly informed as to the real character of his disease. We also sought to impress each patient with the fact that sexual continence was compatible with perfect health, and was the best preventative of venereal disease."



OPERATING ROOM GENITO-URINARY DEPARTMENT

X-RAY DEPARTMENT

(In charge of 1st Lieut. Theodore Kolvoord, M.C.)

Shortly after our arrival at Vannes, the X-Ray equipment was sent to the hospital and consisted of a $7\frac{1}{2}$ K.W. Wappler interrupterless transformer and other heavy base hospital X-Ray apparatus. As the artillery barracks, which we occupied, were not wired for electricity, the question of the supply of current became urgent. After several weeks of fruitless negotiations it was found impossible to obtain a supply of electricity due to shortage of current in the city. A portable field X-Ray apparatus was therefore requisitioned and obtained about February 1, 1919. Upon setting up and testing out the transformer, it was found to have been broken in transit. After about a month's delay in waiting for a new transformer from Paris and waiting for some films and developer lost in transit the X-Ray Department began to operate on February 26, 1919. The equipment used in the laboratory consisted mainly of a portable gasoline engine with transformer and army fluoroscopic table with two baby Coolidge tubes, a Kelly Keott tube stand and a stereoscopic view box.

The space available for X-Ray work consisted of one room twenty by twenty feet and a wash room converted into a dark room. Window blinds of original design, made of heavy roofing paper, converted the room into fluoroscopic or dark room. Attachments were improvised to give an orange light in the fluoroscopic room, also to give light for the view boxes from the gasoline engine generator. An attachment was made whereby the engine which was placed outside of the building could be stopped without leaving the fluoroscopic room.

The portable field apparatus gave much better satisfaction than was anticipated, nearly all classes of work being performed with it. All radiographs were made on films, except the 14 by 14 chest size, which were made with plates with intensifying screens.



X-RAY DEPARTMENT

DENTAL DEPARTMENT

- { In charge of 1st Lieut. John J. Ogden, D.C. from January 4, 1919 to February 11, 1919.
 { In charge of 1st Lieut. Benjamin Benedict, D.C. from February 12, 1919 to March 31, 1919.
 { In charge of Captain Holland Gile, D.C. from April 1, 1919 to May 1, 1919.

Captain Holland Gile, D.C. reports as follows:

"The portable dental equipment has been used entirely and with this a considerable amount of permanent dental work has been performed. Many molar and bicuspid teeth have been saved from further decay by amalgam fillings and incisors and cuspids by porcelain fillings. We have used very little cement for filling, and have practically only used it as a lining to be covered with some material of a more permanent nature.

Every effort has been made to avoid extraction of teeth where they could be saved by appropriate treatment. Quite a large part of the dental operations consisted in the removal of inflamed pulps, the treatment of putrescent and abscessed teeth, and the subsequent filling of root canals and restoration of crowns. Frequently when a crown was so badly decayed as to necessitate an artificial one, the tooth was treated, roots filled and cavity in remainder of tooth sealed, thereby keeping the tooth in good condition for subsequent dental work of a permanent character. Abscessed teeth which were considered a source of serious focal infection were extracted by local anesthesia. Novocain has been used almost entirely for both infiltration and nerve blocking. In addition to carious conditions of the teeth there has been also quite a large percentage of chronic ulcerative gingivitis or so called "trench mouth". In the treatment of this condition beside the usual sealing and prophylactic measures, five percent chromic acid and tincture of benzoin have proven very efficacious. For any urgent crown, bridge or plate work, it has always been possible to send patients to the Base Dental Laboratory at St. Nazaire."



DENTAL DEPARTMENT

SANITARY DEPARTMENT.

Report of Sanitary Inspector, Capt. George R. Critchlow, M. C.

"Conditions were such at the French Barracks where the Hospital was permanently located at Vannes that the duties of a sanitary inspector were of a very diversified character. The sanitary arrangements previously in use by the 35th Artillery of the French were not in any way suited to the needs of a Base Hospital. It devolved upon the sanitary inspector to provide adequate latrines, proper sewage disposal, etc. In the absence of a sanitary engineer, his duties also came to include repair of old and insulation of new plumbing equipment. The water supply, while of good quality was piped only to the ground floor of the buildings. Hot water was available in limited quantity from old heaters in company kitchens. Laundry facilities were of a very primitive type, consisting of stone troughs and benches on which clothes could be beaten and rinsed. Out-door drying of clothes became an impossibility in the constant rains of a Brittany winter. Bathing facilities were limited to a single shower room with a half dozen shower heads served by a worn out heater.

LATRINES:- The only latrines to be found in the Caserne consisted of "squat" cabinets with concrete floors, openings in which led to iron cans beneath. Ten of these were found on the east and west sides of the grounds. These cans were hauled away by a French civilian daily. These were continued in use for patients after being screened by wood and tar paper frames. Near these latrines were slate urinals which likewise screened.

Two pit latrines were dug beneath the horse shed at the rear of the grounds, and wooden seats with twenty holes each built over them. Latrines for officers were built of wood, making seats for use over G.I. cans and installed in solitary cells in guard-house near officers quarters.

In a portion of one building set apart for nurses quarters was found a bath room on the second floor containing one "squat" closet and one porcelain closet, both leading into a drain pipe which ended in a compartment on the floor below containing iron cans for receptacles. These were removed through and iron door in the side of the building. We installed a non-flush French closet on the "squat" floor and built seats for both. The bath tub was connected with the drain pipe and hot and cold water pipes placed in position. An additional flush closet was installed in a room on the ground floor. To provide disposal of this closet sewage a simple septic tank with settling chamber, iron screen and siphon tail drain into underground sewer was constructed just outside the building underground.

Near the ward buildings was constructed a concrete lined "hopper" draining into underground sewer for purpose of receiving contents of bed pans.

A number of seats were set apart for the use of men with venereal infection and labelled for that purpose.

DRAINAGE:- The drainage system in use by the French garrison consisted of large underground concrete tanks. One of these was found beneath the floor of each wash room, there being one wash room on the ground floor at each entrance to the main barracks. These tanks had an overflow into the sewer system. There were also several of these tanks or cess pools just outside the building,

all of which were supplied with a manhole. We found it necessary to follow the French custom of pumping these tanks out at more or less regular intervals. This was done under contract by a French civilian using a motor driven pump. The system of sewers, illustrated by attached drawing, was both surface and underground. Cobblestone gutters led through gratings into manholes connecting with the underground sewers. The latter were eight inch piping, all converging to a common exit at the rear of the Caserne, which emptied into a ditch at the edge of a farm.

WATER SYSTEM:- The main supply of water came from the city of Vannes, the source of which was springs a few miles outside of the city. The quality of the water was excellent and the supply adequate.

Throughout the main barracks were washrooms with concrete troughs fed by ten or twelve faucets each. We found it necessary to extend the water pipes to the upper floors of the buildings used for wards, with spigots and G. I. cans in diet kitchens and latrines rooms on each floor. Army ranges with water backs connected to boilers furnished hot water in the kitchens, both for patients mess, Detachment mess, and Officers' mess.

BATH HOUSES:- Bathing facilities for enlisted personnel and patients being entirely lacking, we converted a room employed by the veterinary department of the garrison into a shower room. As water heaters were not to be had we employed water backs belonging to Army ranges, installing them in ordinary stoves designated for heating rooms. Shower heads were secured and racks placed upon the concrete floor. The old shower room formerly used by the garrison was reserved for the officers.

STERILIZATION:- A standard portable steam sterilizer was set up near the shower room and the adjoining room used for drying and sorting laundry. The men were thus enabled to have their infected clothing treated immediately upon arrival and changed into fresh clothing as they came from the bath. Bedding and mattresses needing disinfection were put through the same process.

LAUNDRY:- The solution of the laundry problem was not entirely satisfactory. No laundry machinery was available and native labor proved very unsatisfactory. We were able to send a limited amount of linen and under-clothing to the laundry attached to Camp Hospital No. 31 at Camp de Meucou seven miles away. This necessitated trucking the wet linen back to the Hospital to be dried in our own rooms, which were always overtaxed in capacity. The nurses conducted their own hand laundry, employing Belgian and French women. The officers sent their laundry out to native women of the town.

GENERAL CONDITIONS:- The general condition of the Hospital, both grounds and buildings were rather satisfactory. The buildings were of stone, the three largest ones forming three sides to an open square at the fourth side of which was the entrance gate. While wet most of the time there was no mud within the garrison limits. The wards and rooms were heated by installing American stoves for which there were chimney openings in every room. A very few gaslights were provided in the hallways and lamps were the principal source of illumination. Sometime later a gasoline motor was installed with a generator attached which gave enough illumination for the offices, recreation room, and the theatre with its Cinema.

The buildings of the garrison were very uncleanly and infested with vermin when taken over by the Hospital. Energetic measures very early resulted in completely changing the occupied rooms into clean and comfortable rooms for both personnel and patients.

FOOD AND GARBAGE:- The food furnished in our Hospital was most satisfactory both as to quality and quantity. The men frequently expressed their satisfaction with the mess conditions and not a single complaint was ever lodged against this service. The garbage was sold to a French civilian and collected by him daily. The proceeds of the transaction were deposited in the Hospital Fund. We constructed a pit incinerator in which all tin cans and similar receptacles were sterilized, after which they were smashed flat and piled in a distant corner of the Caserne.

VENEREAL DISEASE:- While the venereal rate became quite high in a large camp a few miles from the city of Vannes the number of cases occurring in the personnel and among the ambulatory patients was very small. A prophylactic station was operated at the entrance to the Hospital and inspections were held regularly every week. Other prophylactic ^{stations} were available in the town of Vannes. During one month only one new case of infection was reported and in another month no new cases, the mean strength at the time being over four hundred."



✓ STEAM STERILIZER.





FIRST FLAG used by BASE HOSPITAL 136

(Made by one of the Nurses)

A P P E N D I X.

Chart I GENERAL PLAN of BUILDINGS and GROUNDS.

Chart II FLOOR PLANS of BUILDING "C".

Chart III PLAN of GAS, WATER and SEWAGE SYSTEM.

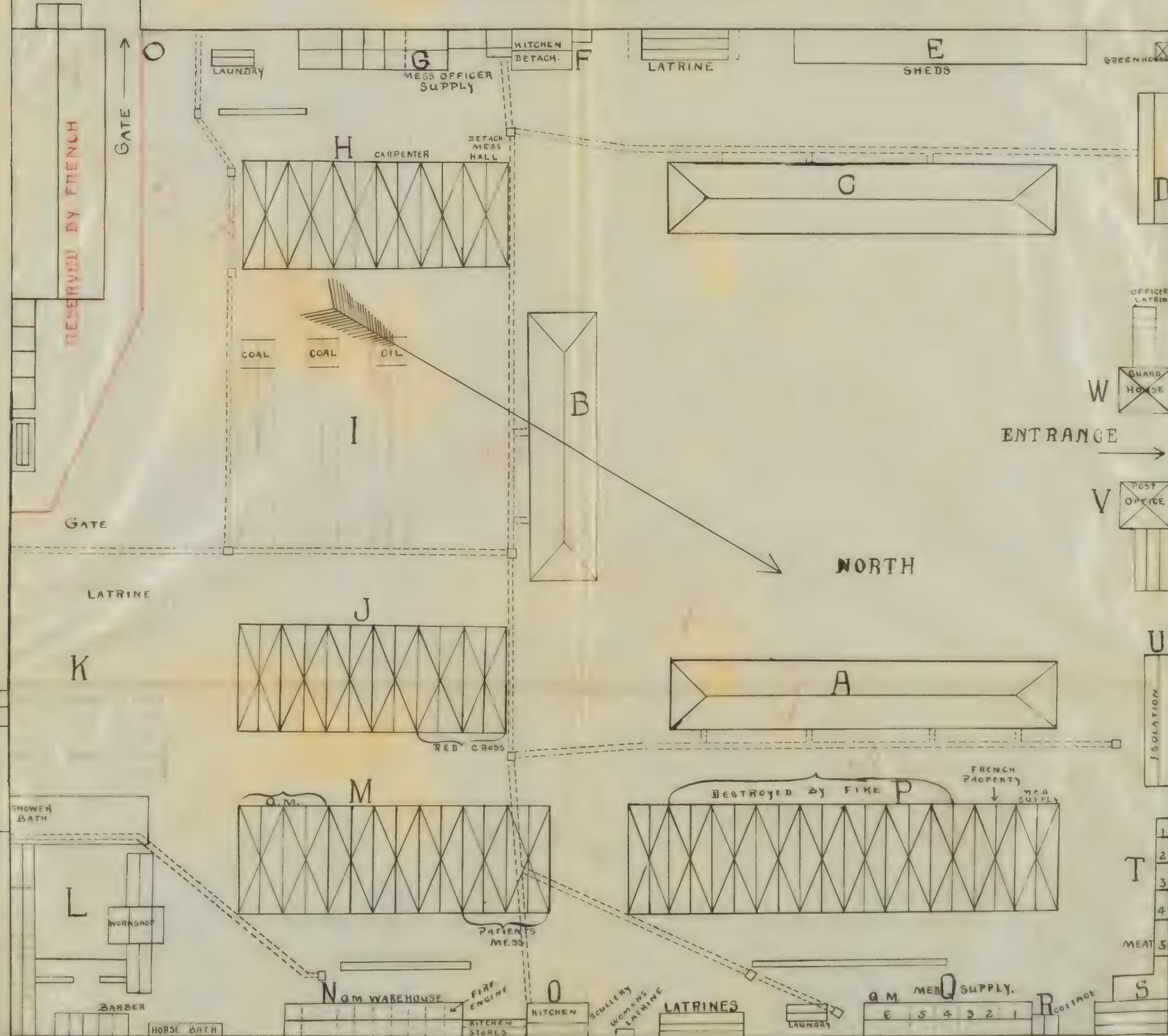
Charts I and II made by 1st Lt. Fred C. Caldwell, M.C.

Chart III made by 2nd Lt. Merle S. Nichols, San Corps.

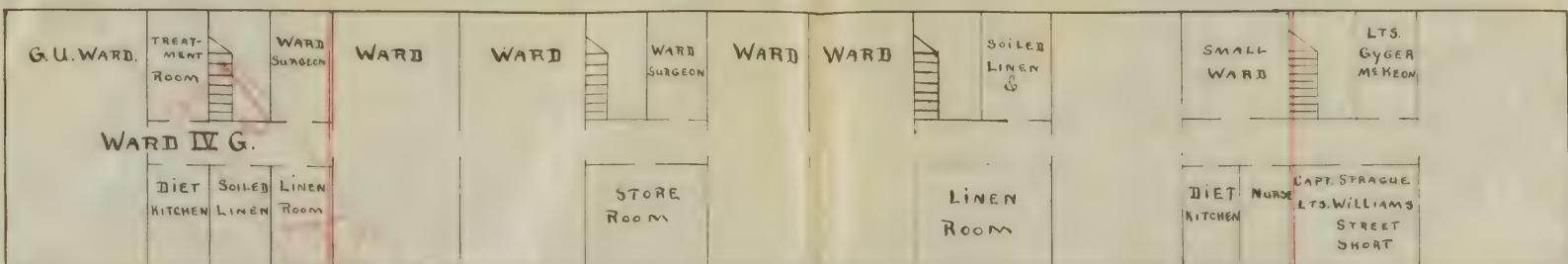
Frontispiece made by Pvt 1/c Alonso D. Cole.

Hospital Flag and Posters made by Mildred Dederick, ANC.

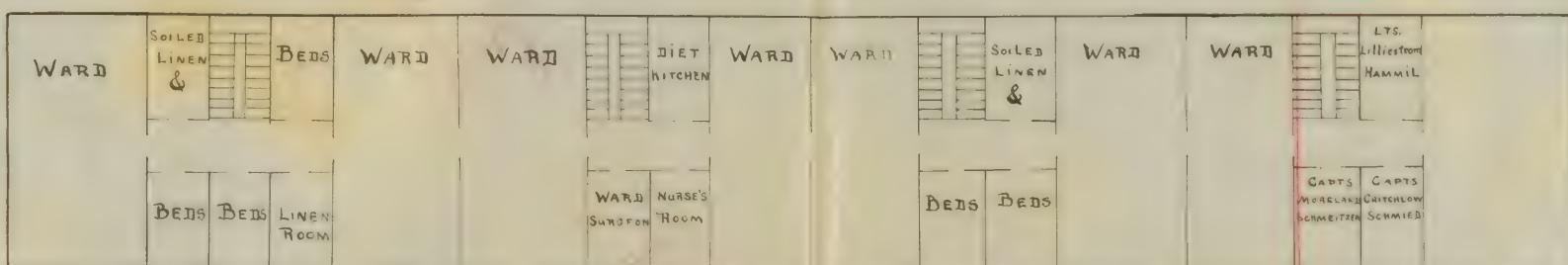
QUARTIER SENARMONT



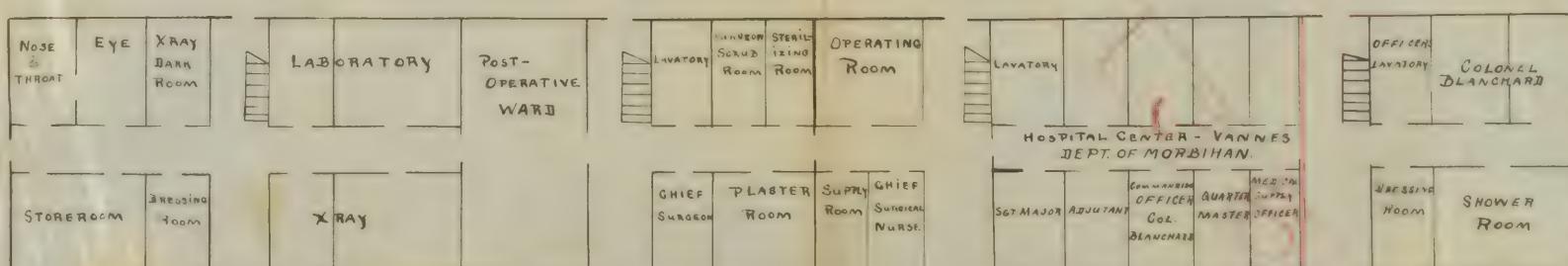
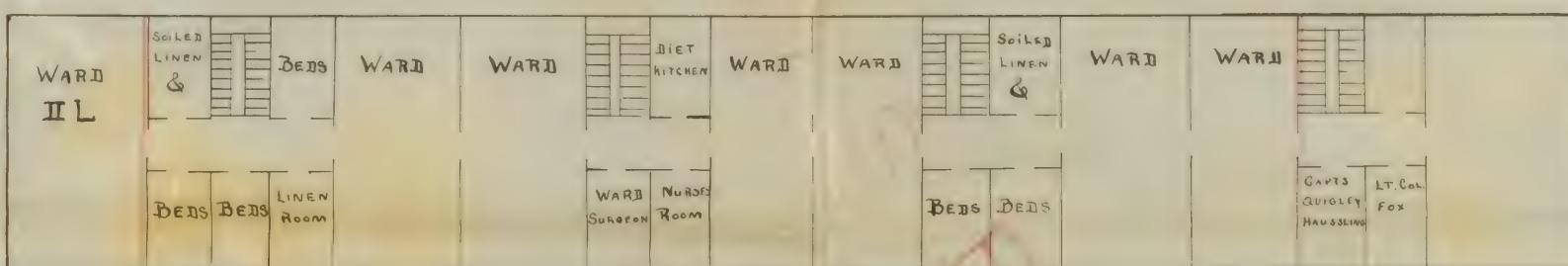
BASE HOSPITAL 136



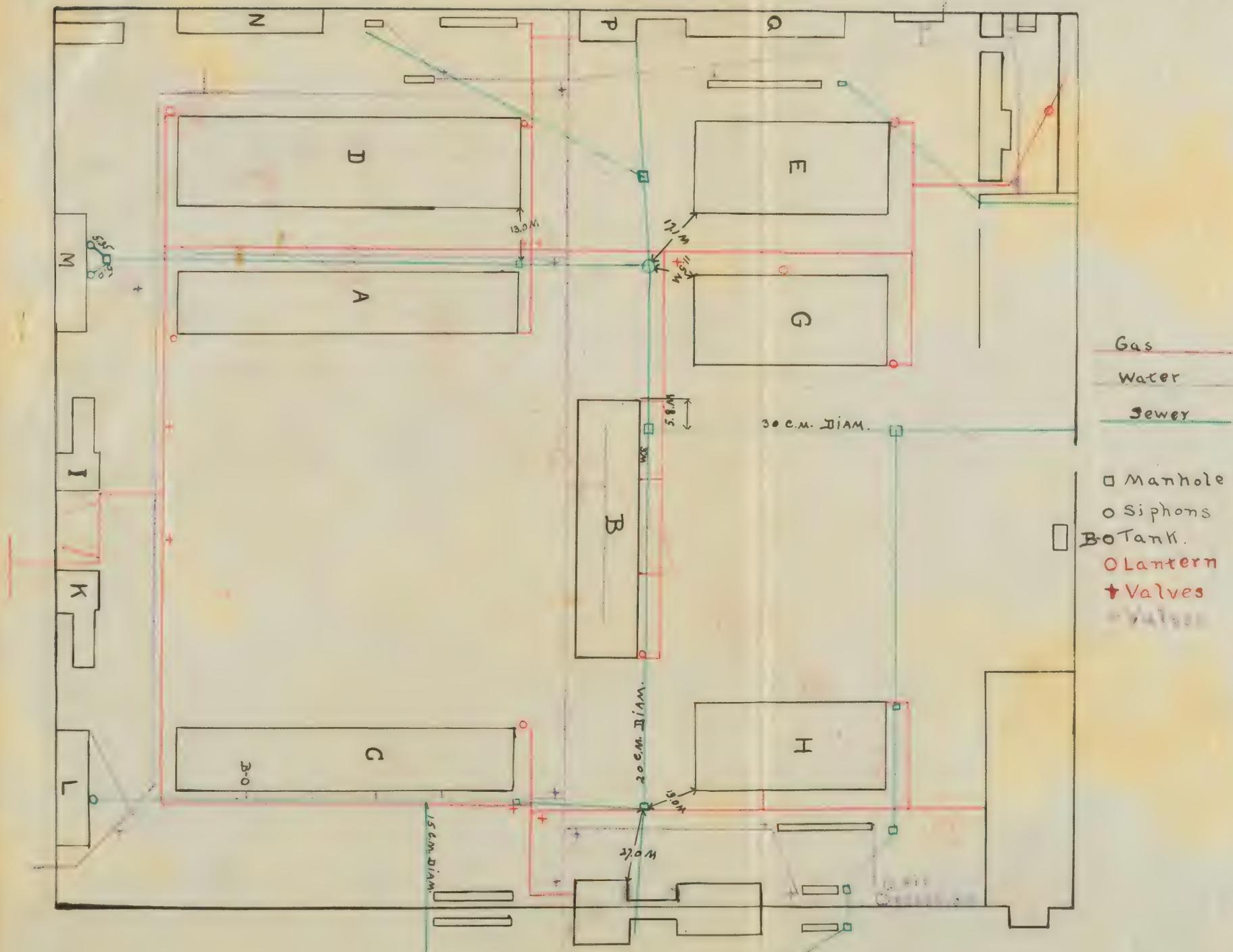
OFFICER'S QUARTERS



WARD III



BASE HOSPITAL 136.







UH 470 qA2B 136 1919

14230755R



NLM 05100540 0

NATIONAL LIBRARY OF MEDICINE